MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY HOWARD O. STATEMARYTAND b. COUNTY HOWARD MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HANOVER HANOVER e. IS RESIDENCE ON A FARM? YES ANXIX d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Box 184 Hanover, Maryland Box 184, Hanover, Maryland 3. NAME OF Middle 4 DATE Inst Doy DECEASED WILLIS C. BRUNK 10/10/66 (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED XX NEVER MARRIED last birthdoy) Hours White WIDOWED Male DIVORCED 6-10-1925 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
fleet Manager INDUSTRY COUNTRY? Montgomery Wards Washington, D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jason W. Brunk Anna M. Schenk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) ((If yes give wor or dotes of service) 216-20-6226 Mrs. Juliana D. Brunk, Box 184 Hanover, Md. Yes WW II 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DHE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. ACCIDENT WAS UNDERLYING ... 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram_ 1966 to Ocs 1966, that (1) (we) last 19 66, and that death accurred at 5 AM, fram causes and an the date stated above. saw the deceased alive an Oct 220 SIGNATURE 22b. DAJE SIGNED STAFF PHYS. 1/966 DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Paul F. Richardson 511 Gun Road, Relay, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Burial 10-13-66 Baltimore National Cemetery
ADDRESS 250. REC'D BY REGISTRAR Baltimore, Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1966 Howard H. Hubbard, 4107 Wilkens Avenue, 21229

executed within 24 hours ofter death puo by the funerol Pour the death certificate be signed by the buriol-transit p buriol, cremating low requires that this certificate has been TO FUNERAL DIRECTOR: After 4 may be retained director, page 3 should be filed v VR #15 (4) 20 M 1/66 M

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

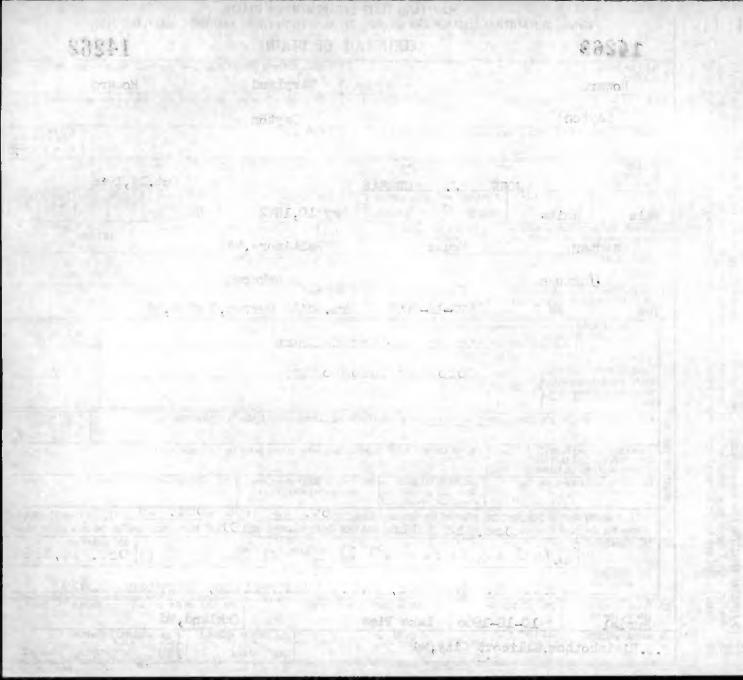
14263

CERTIFICATE OF DEATH

14262

1. PLACE OF DEATH a. COUNTY Howard MARYLAND					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 5. STATE b. COUNTY Howard						
b. CITY OR TOW	(N (If autside carparate limited and give nearest town)	ts,	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If a	autside corparate limits, N	write RURAL and	give nearest			
d. NAME OF HO	SPITAL OR INSTITUTION (If I	nat in haspital, g	give street address)		d. STREET ADDRESS				IS RESIDENCE ON A FARM? ES NO		
3. NAME OF DECEASED (Type or print)		OHN .	Middle CURR	AN	Last	4. DATE OF DEATH	Month Oct.15,1		Year 19		
S. SEX	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIES DIVORCES	- 4	B. DATE OF BIRTH 10,1892	9. AGE (In last bit			Hours Min.		
during most of work	TION (Give kind af wark dan king life, even if retired) .nter	IN	ND OF BUSINESS OR DUSTRY DUSC		Baltimor		ntry) 12	COUNTRY?	NHAT		
13. FATHER'S NAN					14. MOTHER'S MAIDEN	nown					
15. WAS DECEASED (Yes, no, or unknow	EVER IN U.S. ARMED FORCES vn) (If yes give wor or dates	af service)	SOCIAL SECURITY NO. 7-16-0073		NFORMANT rs.Edith Cu		Address n, Md				
rise to imme stating the u last.	ony, which gave	E TO (c)	ronary t			ONDITION GIVEN IN PAR	R 1(a)	110 V	AYS WAS AUTOPSY PERFORMED?		
OR CONTRIBU	WAS UNDERLYING ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY O	OCCURRED.	(Enter noture of injury in	n Part I or Part II af ite	m 1B.)	YES			
House	INJURY Manth, Doy, Year a.m. p.m. 19	While at war	k 🔲 ot work	fact	CE OF INJURY (Home, for ory, street, office bldg., et	c.)		(County)	(Stote)		
	21. I certify that (I) (this togethat) attended the deceased fram NOV. 13, 1946, to Oct. 15, 1966, that (I) (Not last saw the deceased glive on Oct. 14, 1966, and that death occurred a 6: Oct. M, from couses and on the date stated above.										
	220. SIGNATURE Charles S. Whitalier, M. D. ATTENDING MED. STAFF Oct. 14, 1966										
22c. PHYSICI NAME (1	-1	S. Wh	itaker.	M.D.	22d. ADDRESS Clarks	ville, Ma	ryland	2102	9		
230. BURIAL, CREM REMOVAL (Sp. Buria		HEREOF 18-1966	23c. NAME OF CEM		CREMATORY	23d. LOCATION (Md	(County)	(Stote)		
24 FLINERAL DIP		cott Ct	ADDRESS	ou	250. REG	CD BY REGISTRAR	25b. REGISTRAF		Quelas		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then places remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physicion. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14264

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending-ph director, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, ar remove

VR A15 (4) 20 M 1/66

physicion ond completely filled in by the funeral engless I ead 2 each older ond in ony event, within 72 haurs after death

CERTIFICATE OF DEATH

14263

	7 7 00 47							- 54 1/		
	LACE OF DEATH						deceased lived, if instituti		before admiss	sign)
C	. COUNTY	Howard		MARYLANI		Maryland	b. COUN	Howa	ard	-
Ŀ	. CITY OR TOWN	(If autside carparate limits,		C. LENGTH OF STAY IN 16			arparate limits, write RUR			
	write RURAL at	nd give nearest town)				D	•		13	,
	DOOR TO MAKE	Dersey ITAL OR INSTITUTION (If not	to be salted	L Control of the control	d stb	Dorsey EET ADDRESS			I e. IS RES	SIDEM/E
C	, NAME OF HUSP	THAL OK INSTITUTION (IT NOT	in naspirai, i	give street oddress)	U. SIK	CEL MUUKESS			ON A	FARM?
						E. O Conr	or Ave		YES	NO
	AME OF	First		Middle		Lost 4. D		ti.	Day Y	rear
	Type or print)	Dor	othy	V. De	errick		F EATH Octobe	er]	18 19	66
S. S	iεΧ		7. MARRIED	NEVER MARRIED	B. DATE	OF BIRTH	9. AGE (In years	IF UNDER 1 Y		ER 24 HRS.
T	emale	White	WIDOWED	DIVORCED F	Aug	21,1924	42 (ast birthday) yrs.	Months D	lays Haurs	Min.
On	USUAL OCCUPATIO	N (Give kind of work done	10b. K	IND OF BUSINESS OR		RTHPLACE (County & State		12. CITIZI	EN OF WHAT	
lurii	ng most of workin	g life, even if retired)		DUSTRY	1			COUN		
12	FATHER'S NAME					goinsville OTHER'S MAIDEN NAME	Taim		-	
13.		•			14, 1995		76			
_	Samuel						Known			
15.	WAS DECEASED EV	/ER IN U.S. ARMED FORCES?	ló.		17. INFORMA		Addre			
1.00	No	(If yes give war ar dates of	1	219-40-4837	Enoch	Derrick, P.	0.Box 255, E	illicot	it City	y, Md
T	1B. CAUSE OF I	DEATH (Enter only one cause	per line for	(a), (b), and (c).)		_			INTERVAL BI	
	PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (d	CA	RCINOMA	OF I	CERVIX			ONSET AND	
-1	171	DUE T	,	3-1/1-V					1	
	Conditions, if an	u which navn s								
1	rise to immedia	the course (o)							-	
4	stating the und									
	last.		()							
2	PART 11. OTHER :	SIGNIFICANT CONDITIONS CO	TRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(0)		19. WAS AU PERFOR	
3									YES []	NO IV
≝	20o. ACCIDENT W	AS UNDERLYING	205. DI	ESCRIBE HOW INJURY OCCUR	RED. (Enter na	ture of injury in Part I	or Port II of item 18.)			
ž I		G CAUSE OF DEATH Y MEDICAL EXAMINER)				,	·			
WEDICAL CERTIFICATION		JURY Manth, Day, Year	204.1	NJURY OCCURRED 20e	DIACE OF IN	URY (Home, farm,	20f. (City or town)	(Count	(u)	(State)
اقِ	Hour o	.m.	While			t, office bldg., etc.)	zon. (ent or rown)	1,000111	11	(siara)
≥		ı.m. 19	at was							
	21. 1 cert	tify that (I) (this hasp	ital) atten	ded the deceased fra	m_May_	10, 19_6	o, to Oct.	LB, 1966), that (I)	(we) last
-		deceased alive an	uctor	er109_66, and	that death	accurred at	A_M, tram causes			ed abave.
1	220. SIGNATUR	1/11	11	1	ATT	ENDING MED.	STAFF	22b. DATE		
-	M.	K. Hal	LA	ely, Ch	M.D. PHY			Oct.	. 18,	1966
1	22c. PHYSICIAN		()	-//		d. ADDRESS				
-	NAME (Typ	e) W. K. Ga.	llage	r, Jr., M.	D. 6	630 Balt:	imore Nati	lonal	Pike	#28
230	BURIAL, CREMAT	ION. 23b. DATE THER	FOF	23c. NAME OF CEMETERY		1-1-1	Bd. LOCATION (City or Tox			(Stote)
	REMOVAL (Special	10-20-1		St. Johns			Ellicott Ci			()
24	FUNERAL DIRECT		.300	ADDRESS		2Sa. REC'D BY R		GISTRAR'S SIGN	NATURE	
		CAMALI	choo	WOLLY		DOT				
F	C. Higin	hothom Wilde	ott C	Star 163		DATE U	2 0 1966	Lucian	eles In	well.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14264 CERTIFICATE OF DEATH within 24 hours ofter death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY o. STATE o. COUNTY Howard Maryland Raltimore MARYLAND filled in by the f b. CITY OR TOWN (If outside corporate limits,
write RURAL and give nearest town)
Ellicott City ve corban papers. Pages event, within 72 hours oft c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 5 hours e. IS RESIDENCE ON A FARM2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1009 Ingleside Ave. YES NOTE Taylor Manor Hospital 3. NAME OF Lost 4. DATE Month Year remove corban completely DECEASED 19 66 11 October Martha C Dorrida DEATH (Type or print) executed 9. AGE (In years IF UNDER 1 YEAR 1 IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED st birthdoy) 2/18/03 Months Doys Hours WIDOWED and in ony Female White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe COUNTRY? during most of working life, even if retired) attending physician sermit. Then please Housewife Wheeling West Virginia
14. MOTHER'S MAIDEN NAME ATTENDING PHYSICIAN: The low requires that the death certificate 13. FATHER'S NAME cremotion, ar removal, DeVries John Campbell 16. SOCIAL SECURITY NO. 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dotes of service) Mr. Albert E. Dorrida same address INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p burial, cremotic ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary edema IMMEDIATE CAUSE (o). O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 moy be retained by the hospitol or attending physicion. DUE TO Conditions, if any, which gove Myocardial failure hrs rise to immediate couse (o), Hypertensive Cardio Vascular Disease DUE TO stating the underlying couse hos been be aeroched for use as the State Dept. of Heolth prior to vears lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Emphysema, chronic Asthma, bronchial, chronic YES NO 🔀 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour p.m. Not While ot work **DIRECTOR:** After 1966, that (1) (we) last 10/11/66.19 21. I certify that (I) (this hospital) attended the deceased fram_ , to_ director, page 3 shauld should be filed with the saw the deceased olive on 10/11 19 66, and that death occurred at 6:20M, from causes and on the date stated above. 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** 10/11/66 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) Stephen Lee Magness, M.D. Taylor Manor Hospital, Ellicott CityMd 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d, LOCATION (City or Town) (County) 23o. BURIAL CREMATION 10/11/1966 Baltimore, Md. Baltimore National Cemetery 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR DATE O

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. denth. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after by the fi Pages 1 urs after TOWARD MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by the bound of write RURAL and give nearest town) hours CITY 60 d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? COLLINSWA C NO YES within completely pou 3. NAME OF First Middle Last DATE Month Day Year remove carbo DECEASED OF 0 (Type or print) DEATH 00 19 66 executed SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED Months Days Hours JUNE WI DOWED: DIVORCED physician a = 10a. USUAL OCCUPATION (Give kind of work done ! 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ease Housewife 5 certificate FATHER'S NAME removal, MOTHER'S MAIDEN NAME 14. Production of 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 (Yes, no, or unknwn) | (If yes hive war or dates of service) law requires that the death Collinsway cremation. the pen 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. Conditions, If any, which gave rise to immediate DUE TO cause (a), stating has be as th prior underlying cause last. CERTIFICATION After this certificate had be detached for use a State Dept. of Health pr PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY The PERFORMED? NO K YES the hospital PHYSICIAN 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part |) of Item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. Not While retained by ATTENDING p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at2 _M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED e Q page ATTENDING STAFF DIRECTOR Page 4 may director, pag should be fill HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) My BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) BUTIAI A/70. 10 24. FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14267 CERTIFICATE OF DEATH executed within 24 hours after death 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) and campletely filled in by the funeral remaye carban papers. Pages 1 and o. COUNTY b. COUNTY o. STATE HOWARD MARYLAND MARYLAND HOWARD b CITY OR TOWN (If autside carparate limits, ¿ LENGTH OF STAY IN 36 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) hours write RURAL and give negrest town? papers. hin 72 ha e IS RESIDENCE ON A FARM? d, NAME OF HOSPITAL OR INSTITUTION (If ngt in haspital, give street address) d STREET ADDRESS 1114 HANLEY DRIVE 21227 1114 HANLEY DRIVE 21227 YES NOXTX 4 DATE 3 NAME OF First Middle Last Doy DECEASED GILBERT E. HARMAN (Type or print) DEATH October 15 S SEX 9. AGE (In years 6. COLOR OR RACE **NEVER MARRIED** B. DATE OF BIRTH 7 MARRIED 63 vrs Months Days Hours 5-24-1903 KKMALE WHITE WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT TOO KIND OF BUSINESS OR dys no mes sof working life, even if retired) COUNTRY? pleose MARYLAND U.S.A requires that the death certificate phys 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal. signed by the attending phy burial-transit permit. Then burial, crematian, or remava GEORGE P. HARMAN HELEN G. SOPER 16. SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no or unknown) (If yes give wor ar dates af service 216-03-3996 MRS. EDNA HARMAN. 1114 HANLEY DRIVE 21227 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a) DUE TO stating the underlying cause as the has been last WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 28 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION NO 🚁 O FUNERAL DIRECTOR: After this certificate by the haspital ar 20a ACCIDENT WAS UNDERLYING € 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER! 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) Haur a m. factory, street, affice bldg, etc.) While Nat While at wark at wark 21. I certify that (I) (this hospital) attended the deceased from / Page 4 may be retained should and that death excurred at saw the deceased alive an Z M, fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. MO. DIRECTOR PHYS directar, page should be filed 22d. ADDRESS 22c PHYSICIAN'S BRUCE BRUMBAUGH NAME (Type) 5609 MAIN STREET

VR A15 (4) 20 M 1/66

230 BUR AL CREMATION

BIT RIMONAL (Specify)

24 FUNERAL DIRECTOR

10-19-66 MEADOWRIDGE CEMETERY ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

2Sq REC'D BY REGISTRAR

BALTIMORE.

MARYLAND

(Stote)

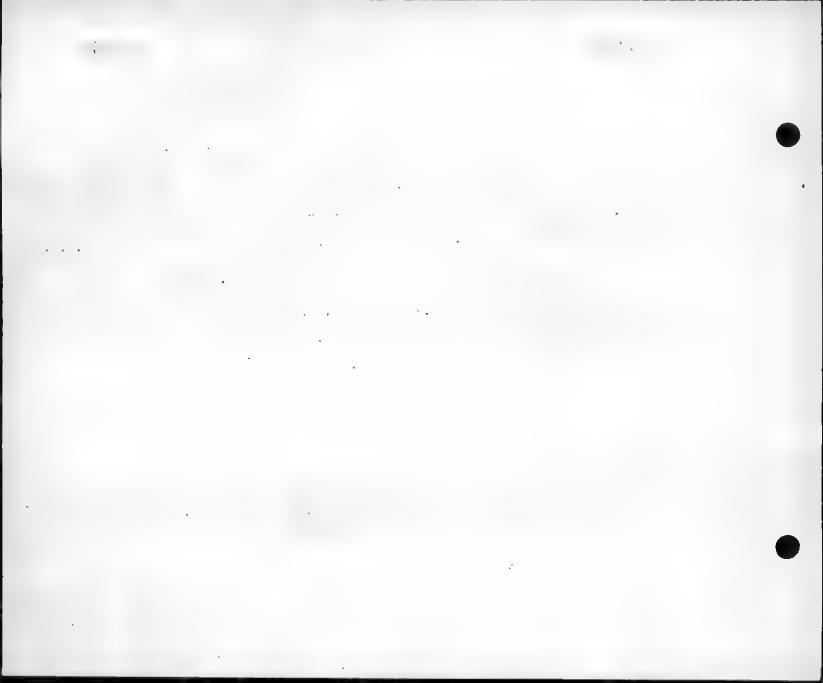
(County)

23d. LOCATION (City of Town)

2Sb. REGISTRAR'S SIGNATURE

HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229

23b. OATE THEREOF



P.M.3. Page delay 15 2, ond 3 to

I and 2 with the State Department of

event within 72 hours after death. used as a buriol-transit permit. Fi or removal, Health or its designated agent, prior to burial, cremation, 5 may be retoined for your files.

FO FUNERAL DIRECTOR: Page 3 should be

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

This certificate should be executed within 24 hours ofter death

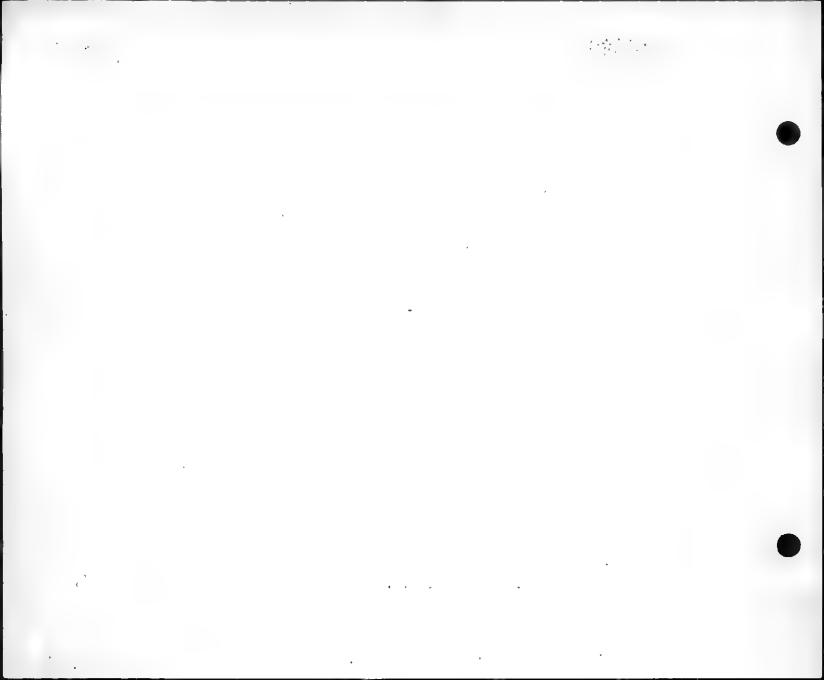
CAL EXAMINER:

TO DEPUTY MED!

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14268	}	MED	ICAL EXAMI	NER'S	CERTIFICATE O	F DEAT	Н	14	26	7	
1	PLACE OF DEATH o. COUNTY	HOWARD		MAI	RYLAND	2 USUAL RESIDENCE (V o. STATE Ma:	Where deceose ryland			before WAR		n) /
	write RURAL and	doutside corporate l'mits give neorest town) arksville		c LENGTH OF STAY	lh lb	c City or town (if ou La	is de comporat ure1	te limits write RU	RAL and give	neorest	town)	2
	d NAME OF HOSP T	al OR INSTITUTION (If not f Fire Depa:	, , ,	ive street oddress)		d STREET ADDRESS 920 Mon	tgomer	y Street		e	IS RESID	
3	NAME OF DECEASED	Firs		Middle		Lost	4. DATE OF	Mont	th	Day 23,	Yeo	
5	(Type or print) SEX Male	Josep 6 COLOR OR RACE White	7 MARRIED WIDOWED	Thomas NEVER MARRIE D VORCE		HERBERSON 3. DATE OF B RTH 22 Sept. 191	1	October AGE (In years last birthdoy) 55 yrs	IF JNDER 1		F UNDER Hours	
		(Give kind of work done	10b Kil	ND OF BUSINESS OR		11 BIRTHPLACE (Stote Maryland			12 CITI COJ	ZEN OF	WHAT	
13	FATHER'S NAME	mes Robert	Herber	son (dece	ased)	14. MOTHER'S MAIDEN I		Peters	(decea	sed)	
15 (Y		R IN U.S. ARMED FORCES?	4 6	OC A. SECURITY NO 212-14-58		nformant irs Cyrena V	ietch,	Laurel		and		
		Which gove (1) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Art		otic_	heart disea	se				RVAL BETY ET AND D	
FICATION		GNIFICANT CONDIT ONS <u>CO</u>	NTRIBUTING T	O DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE COM	VDITION GIVEN	N IN PART 1(o)			WAS AUTO PERFORME S X I	
CERT	20o. EXTERNAL CAI PRIMARY ☐ or CON CAUSE OF DEATH		20b. DES	CRIBE HOW INJURY (OCCURRED (Enter nature of injury in	Port 1 or Port	II of item 18)				
MEDICAL	20c TIME OF INJU Hour on pin	RY Month, Doy, Year 1. 19	20d (N While of work	JURY OCCURRED Not While at work		E OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	(Cour	ity)	(5	Stote)
	death result ACTUAL SIGNATURE	harle J	couses X	, Accident [-	id an Autapsy X, ide , Hamicide CHIEF MEDICAL M D ASSISTANT MED DEPUTY MEDICA	EXAMINER ICAL EXAMINE	idetermined m	, —	2:	in my o	SIGNED
00	NAME (Type)			ate, M.D.	errent on	Address (Street	, city, town, c	or county)				
	BUR AL (REMAT O REMOVALISPECTY)	Oct.27,		23c NAME OF CEN ARLINGTON		ONAL CEM	AR	LINGTON,	VIRGIN			lote)
74	EUNERAL DIRECTOR	wade,550 Wa	sh.Bl	ADDRESS Vd.,Laure	L,Md.	DATE OC	T 2 6		Clear			٤.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifillate be exaculled mithin 24 llours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, emove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defilit

VR A15 (4) 20M 1/65

		MARYLAND:	STATE DEP	ARTMENT	OF HEALTH		
DIVISION OF	STATISTICAL	RESEARCH AN	D RECORDS,	301 W. PRES	TON STREET,	BALTIMORE	1, MARYLAND
1266		CER	RTIFICATE	OF DEA	TH		14980

	0=1(17/10/(12	0. 0		14208
PLACE OF DEATH a. COUNTY	1			Institution: Residence before admission)
Howard	MARYLAND	a. STATE Marvland	b. co	Howard
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 15		outside corporate limits,	write RURAL and give nearest town)
Ellicott Gity		F774c	ott City	1001
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street address)	d. STREET ADDRESS	GOO OTO,	e. IS RESIDENCE
371 Chapel Ave.		371 Char	nel Avre	ON A FARM?
	Made			YES NO A
3. NAME DF DECEASED (Type or print) RAYMOND T. HOLLAN	Middle	Last	4. DATE MO DF DEATH	nth Day Year 7 1966
	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In year	STIF UNDER 1 YPAR HE UNDER 24 HRS.
Male White WIDOWED		une 29,1920	last birthday	Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b, Kilduring most of working life, even if retired) 2/ IN	ND OF BUSINESS OR		unty & State, or foreign coun	try) 12. CITIZEN OF WHAT
Engineer Wish	enghouse .	indiam	a	
13. FATHER'S NAME		14. MOTHER'S MAID		
William H. Hollandbeck		Bes	sie Taylor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (If yes give war or dates of service) 7	SOCIAL SECURITYNO. 17	INFORMANT /	Add	ress
1 204	- 768 · 189 Kil	erca Hollan	akek-666	coll City-Ind-
18. CAUSE OF DEATH Enter only one cause per lu	ne for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Drouce	accec	a	39-100
237 X DUE TO		7		72.
Conditions, If any, which	-			
gave rise to immediate				
cause (a), stating the DUE TO underlying cause last.	-			
	TING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY
Car				PERFORMED?
20a. ACCIDENT WAS UNDERLYING [] 20b. D	ESCRIBE HOW INJURY OCCUP	RED. (Enter nature of	Injury in Part I or Part II	
G OR CONTRIBUTING CAUSE OF DEATH GIF EITHER, NOTIFY MEDICAL EXAMINER)				
중 20c. TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED 20e. PLAC	E OF INJURY (Home, fa	rm, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. While p.m., 19 at work	Par Not white	y, street, office bldg., et		
21. I certify that (I) (this hospital) offende		10	60 to 10/27	1962 that (I) twet last
saw the deceased alive on O		death occurred at		es and on the date stated above.
22a. SIGNATURE	and that	death decorred are	The trois the dause	22b. DATE SIGNED
WOON TOO NA	COV M.D.	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	10/28/66
22c. PHYSTCIAN'S		22d. ADDRESS	AIREOTOR C THIS. C	31 337 507 00
NAME (Type) Christian S. Ma.	ss. M.D.	687 Bal	to Natil. Pi	ke, Ellicett City
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF GEMETERS	OR CREMATERY	COUNTION CASE	town or gounty) (State)
REMOVAL (Specify) 11-34-1966	Molerales tex	or well	MAN SURX	st-Complete . The
24. FUNERAL DIRECTOR	ADDRESS	25a. REC	D BY REGISTRAR 25bc	REGISTRAR'S SIGNATURE
Moderal Mac north-	38/ Hardwick 1	CK DATE N	IOV 1 1966	Clearles Judge
- WOON IS A MAN TO THE	- CI CONTINUE	DATE	_ 1000	- Jungar

1, 11

	MARYLAND STATE DEPA	RTM	ENT OF	HEALTH	
IÇAL	RESEARCH AND RECORDS, 30	01 W.	PRESTON	STREET,	BALTIMORE 1, MARYLAND
	CERTIFICATE	0F	DEATH		14269

	DIVISION OF STATISTICAL R		, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
	14270	CERTIFICATE	OF DEATH	14209
1.	PLACE DF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If instit	
	Hamal	MARYLAND	a. STATE D. COUNT	Howard
	b. CITY OR TOWN (if outside corporate limits		c. CITY OR TOWN (If outside corporate limits, write	RURAL and give nearest town)
	write RURAL and give nearest town)	101	Land of	- #
	d, NAME OF HOSPITAL OR INSTITUTION (if no	t in hospital, give street address)	d. STREET ADDRESS	8. IS RESIDENCE
	1 Pot	, 1	12 17	ON A FARM?
1	Jamand Mist	Hame	1429 / Dallimare Co	YES NO NO
3.	NAME OF First DECEASED	Middle 70 a	Last 4. DATE Month	Day Year
	(Type or print) // any	1/12	e Cluspey DEATH (VELO	her/ & 196 6
5.	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8		UNDER 1 YEAR IF UNDER 24 HRS.
	/- WIDO	WED DIVORCED	(Cet 19/886 79 yrs.	
	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY /	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
241	Laure ale	1 Lane	12nnouthrange	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Thamas Man	121	14 16 11 11	
	. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT Address	2 2+ 11.2
(Ye	s, no, or unknwn) (If yes give war or dates of service)	7	and anderson Liver	Defl. and
	19 CAUCE DE BEATH EF-to- only one course	1 //	as angersan rau	I INTERVAL BETWEEN
	18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY:	1	· CAN WEE	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	CUTE CARDIA	-C FAILURE	8 /704/CS
	4 90 X DUE TO	Torre My	CACNITIS	1 1 , , , , , ,
	Cenditions, If any, which (b)	DXIC 1110	CARDITIS	1 WEEK
	gave rise to immediate (cause (a), stating the DUE TO	100 1	0- 0-1	11.000
	underlying cause last. (c)	1. LOWEL FO	BE PNEUMONIA	/ WCAL
	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED?
E				YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 2	Ob. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of	item 18.)
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	20c. TIME OF INJURY Month, Day, Year 2		CE OF INJURY (Home, farm, 2Df. (City or town)	(County) (State)
MEDICAL	Hour a.m.	ALUTIN - VAOL AAUTIN - 1	ry, street, office bldg., etc.)	
ME		t work at work	DE TE TO AMERICA	
	21. I certify that (I) (this hospital) at	115	16 1966, to OCI 10	-1 15 E-1 tildt 11/4/10/ 1004
	saw the deceased alive on	19 <u>66</u> , and that	death occurred at M, from the causes a	nd on the date stated above.
	22a. SIGNATURE	Shottel o	ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	Cours >-	M.D		10/10/00
	22c. PHYSICIAN'S NAME (Type) # A-17/ 5 5	CHILITAKEN	22d. ADDRESS CLARKS VILL	5 MD
	C////CES	s. MITCHIZOC,		
238	BURIAL, CREMATION, 23b. DATE THEREON REMOVAL (Specify)	230 NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, tow	m or county) (Sfate)
1	Jurial 1/0-2/-		nel Mercrest	ann Ben Jersey
24	UNERAL DIRECTOR	AODRESS	25a. REC'D BY REGISTRAR 25b. REC	STRAR'S SIGNATURE
X	LeWitt Dunalde	on James 1	Tel DATE OCT 25 1966 &	Charles Judge

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1				ID STATE DEP	AKIMINI OI				
		14271	ICAL RESEARCH	AND RECORDS, ERTIFICATE	301 W. PRESTON OF DEATH	I STREET, BA	LTIMORE 1,	MARYLA	ND 74)
funeral	1. 1	PLACE OF DEATH	And her was been		2. USUAL RESIDEN	JCE (Whare dacass	ad livad, If institut	ion: Rasidence	before edmission)
by the and 2 death.	_	c. CITY OR TOWN (if outside corpo write RURAL and give nagrest)	prate limits, c.	MARYLAND LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outsida corporate	Imits, weita RURA	L and give na	erest town)
after		I NAME OF HOSPITAL OR INSTIT	Ty	give streat address)	E//CC	oTT CI	Ty_	- Area	e. IS RESIDENCE
<u>ે</u> કુ ું	_/	1/ N. ST. J.	-/ / .	18	7/ N. 57	T. Johns	LANC		YES NO
on paper ithin 72		DECEASED	Nettie	Middle	MaCres	4. DATE OF DEATH	/O	31	19 66
event Within	\$.	SEX 6. COLOR C	R RACE 7. MARRIED WIDOWED		3-3/-83	9. AC	GE (In years IF UN t birthdey) Mont		F UNDER 24 HRS. Hours Min.
	10a do:	USUAL OCCUPATION (Give king during most of working life, eva	d of work 105. KIND (F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE COU	nty & Stale, or forei		CITIZEN OF	WHAT COUNTRY?
	13.	FATHER'S NAME JOHN H	ART		14. MOTHER'S MAIDEN	I NAME	260		
N	15. (Ya	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16. SOC	AL SECURITY NO. 17. I	NFORMANT Y	O NEC	Addrass		, -
nif, Ihen removal,		NO 18. CAUSE OF DEATH (Enter	218-	32-0369 D r (a), (b) and (c).)	DOROTHY H	BRAdy	7/N.S	INTER	SLANCE AVAL BETWEEN
per o		PART I, DEATH WAS CAUS IMMEDIATE C	AUSE (0)	elyali	ascil	ar al	delle	ONSE	EDAND DEATH
rral-transır , cremation,		Conditions, if any, which	DUE TO (b)	usal	action	OSE	excz	-6:2	
burial, cr		geva rise to immediate cause (a), staling the underlying couse last.	DUE TO		-				
	ATION	PART II. OTHER SIGNIFICANT		JTING TO DEATH BUT NO	T RELATED TO THE TERMI	INAL DISEASE CON	DITION GIVEN IN		PERFORMED?
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	DEATH	E HOW INJURY OCCURRE	D. (Entar natura of injury i	in Part I or Pert II of	îtam 18.)	YE	· U NO P
	WEDICAL C		Day, Year 20d. INJUI	Y OCCURRED 200. PLA	CE OF INJURY (Home, far pry, street, office bldg., etc	m, 20f. (City or t	owa)	(County)	(State)
	MED	Pom. 21. I certify that (I) (this	19 ef work	al work	Dec.	10/000	0/31	19/5/C tha	1 (1) (nun) last
rate Dept		saw the deceased alive or	100777	1. (/8	AM, Irom the	causes and c		stated above.
the S		22a. SIGNATURE	Te TU	LCCXX	D. PHYS.		TAFF HYS.	0/3	AZD. DATE
with		22c. hysician's / Christ	ion S. Mans	M. D.	22d. ADDRESS 687 Bal	te. Nat!	Pike.	Ellicet	tt City
be filed		BURIAL, CREMATION, 23b. DA	3/66 123e	RIGIS R			N (City, town or a	county)	(State)
20		FUNERAL DIRECTOR'S SIGNATUR	el 301	ADDRESS	5 Rd	C'D BY REGISTRAR	77		Pulse.
63		- III at 1/al	Ca	tonville	LS Md.	NOV 4	100		9 0



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral 111m #G302 1. PLACE OF DEATH a. COUNTY a. STATE by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 à Twrite RURAL and give negligest town) .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ddress hours completel NAME OF Middla N DECEASED (Type or print) 5. SEX 6. COLOR OR 7. MARRIED NEVER MARRIED v WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) TO FATHER'S NAME 14. MOTHER'S MAIDE ă 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY INFORMANT (Yas, no, or unkown) | (Ifyes give war or dates of service) certificate has been signed by the 18. CAUSE OF DEATH [Enter only ona couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a burial-fransit gava risa to immediate cause DUE TO (a), stating the undarlying causa last. prior 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this detached 20c. TIME OF INJURY Month, Day, Year Whila Not While Hour a.m. at work at work KECTOR: 19 p.m 21. I certify that (I) (this hospital) Ittended the deceased from..... and that death occured at? saw the dedea 22a, SIGNAT ATTENDING PHYS. M.D. death. Page O FUNERA 22d. ADDRESS 22c. PHYSIC NAME ector, 238. BURIAL, GREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL P. g. Z

VR A15 (4) 15M 9/60

2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) a. IS RESIDENCE ON A FARM? YES NO Yaar OF DEATH 1966 AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of (lam 18.) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slata) factory, streat, offica bldg., etc.) 1. If that (I) (we) last .1) M, from the causes and on the date stated above. 22b. DATE MED. STAFF SIGNED DIRECTOR PHYS. 23d. LQCATION (City, town or county) (Stale) BY REGISTRAR FLINERAL DIRECTOR'S. ADDRESS 25a. REC'D 25%, REGISTRAR'S SIGNATURE

RYLAND STATE DEPARTMENT OF HEALTH

11122 ROBEY £2127 Frysphessneam and making 8 ma. Gentle arteric telencein 17 6/23 3/2 Ec/2 37 21/6/11/6

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. and completely filled in by the funeral person carbon papers. Pages 1 and 2 in any event, within 72 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the

	MARYLAND STATE DEF	PARTMENT OF	HEALTH	415	
DIVISION OF STATISTICAL				TIMORE 1, I	MARYLAND
14273	CERTIFICATI	E OF DEATH		143	272
				Market and the second	

1. PLACE OF DEATH			2	2. USUAL RESIDENCE				ce before admission)
a. county Howard	1		MARYLAND	Marylan	id	Howa		
b. CITY OR TOWN	(if outside corpora	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corp			rive nearest town)
Ellicott	and give nearest too	rn)	10 yrs.	Ellicott	City			12.1
			spital, give street address		, OJ. Gy			e. IS RESIDENCE
212 Hawth				1	horne	Road		ON A FARM? YES ND ND
3. NAME OF	F	rst	Middle	Last	4. DATE	Month	Da	y Year
(Type or print)	Lucy		H. Shulk		OF DEATH	00000		19 66
	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years	Months Dave	Hours Min.
F	W	WIDOWED	DIVORCED _	Feb. 7,188	34	82 yrs.	IMONIUS Days	IIIOGI S I IIIIII
during most of working Housew	ig iffe, even if retire	done 10b. Ki	ND OF BUSINESS OR IDUSTRY	Vi.rgi	nia	or foreign country)	12. CITIZEI COUNTR	OF WHAT
13. FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME			
	rge Hutc			late Cle	o Han			
15. WAS DECEASED ET	VER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addres	Hawth	orne Rd
No		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Mr	s R. Willi	am Ba	ker	Ellico	tt City
18. CAUSE OF D	EATH [Enter only or	e cause per ii	ne for (a), (b), and (c).]	1			INT	ERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE	(a)	Moute	Kenal	Thui	doen	- 011	364
4501	DUE		Λ 4					
Conditions, If a		(b)	arlen s	diview.	nen		1	ulan.
gave rise to					1			
cause (a), sta underlying cause	tring rue ((c)						
The same of the sa			TING TO DEATH BUT NOT REI	ATED TO THE TERMINAL I	DISEASE CON	DITION GIVEN IN	PART 1(a) 19	
ICATI	aucho	~ "	Trelu				1	PERFORMED?
PART II. OTHER SE	WAS UNDERLYING CAUSE OF DEA	TH NER) 20b.	ESCRIBE HOW INJURY OCC	URRED. (Enter nature of	f injury in Pa	art I or Part II of	item 18.)	
	NJURY Month, Day,	1		ACE OF INJURY (Home, fa		(City or town)	(County)	(State)
20c. TIME OF II Hour a.m	•	While	Not White	tory, street, office bidg., e	itc.)			
		at work		12/17 1	25 40	15/24	10//	that (I) (we) last
		pital) attende	ed the deceased from	and double accurred at 2	957 to.	am the animal		
22a. SIGNATUR	eased alive on	1011	619, and th	at death occurred at	AHINI, ILI	um the causes	22b. DATE S	IGNED
LES STORMAN	Clor	K	een & M	D. PHYS.	MED. DIRECTOR	STAFF PHYS.		
22c. PHYSICIAN NAME (Typ	Pe) CLIF	EF	PATLIEF	\$ 22d. ADDRESS 4C	می'	Edh	volse	- au
23a. BURIAL, CREMA REMOVAL (Soe Buri.al	ATION, 23b. DATE NOV	THEREOF	Evergreer			ocation (city, to	wn or county) .rgi.ni.a	(State)
24. FUNERAL DIREC		321 C	olumbia Pik	1 25a DE	C'D BY REGI		GISTRAR'S SIG	4%
Harry H.	Witzke		icott City	Md. DATEN	JV 2	1966 8	Charles	Judge

VR AI5 (4) 20M 1/65